ADULT LIFE SKILLS DAY PROGRAM

(Community Access)

I. SERVICE DEFINITION

The Adult Life Skills Day Program is a consumer-driven program that provides housing transition support, life skills training, and independent living training to adults with physical disabilities, ages 18 to 59. The purpose of the program is to promote greater independence, and self-sufficiency. The program can be used to facilitate the transition from a residence where the person is more dependent, to a residence where the person is more independent.

The program includes five components: screening the process of determining program eligibility; assessment, the collection of needed background information about consumers enrolled in the program; person centered planning, a specialized process used to identify individual goals; the development of an Individual Service Plan Agreement, which outlines steps to be taken to achieve an individual's goals; and training and support, which includes skill development, case coordination, and other assistance needed by consumers to implement the Individual Service Plan.

II. SERVICE GOALS

To provide adults with physical disabilities with the support and skills that promote maximum independence and self-sufficiency, and to facilitate the transition to assisted living and/or other appropriate housing arrangements where persons can have greater independence and maximize their contribution to the community.

III. SERVICE UNIT

The unit of service for this program is one hour of adult life skills services.

IV. SERVICE AREA

The Adult Life Skills Day Program will be provided in New Castle and Kent Counties.

V. LOCATION

Services can be provided at a central site or in a variety of community locations, depending on the needs of individual program participants.

VI. ELIGIBILITY CRITERIA

Participation in this program is limited to adults 18 to 59 years of age, who have a physical disability and reside in New Castle or Kent County. For purposes of this program, a person with a physical disability is defined as a person who has anatomical/physiological deficit and/or brain injury which: 1) is anticipated to last 12 months or more; 2) substantially affects his or her ability to function independently and carry out activities of daily living; and 3) is impractical to correct through assertive technology or home modification. Program participants must be committed to the goals of achieving maximum independence and self-sufficiency within the community.

VII. DESCRIPTION OF SERVICES

The Adult Life Skills Program consists of the following five components:

Screening: The provider agency will be responsible for screening requests for services through this program and for determining applicants' eligibility.

Assessment: All applicants who are determined to be eligible for the program will be interviewed by provider agency staff, and approved by the provider agency Program Director. Appropriate assessment tools (e.g. the Individualized Practices Scale, the Quality of Life Scale, etc.) will be used to collect needed background information about each participant. Reassessments will be performed every 6 months or more often, as needed.

Person Centered Planning: Person Centered Planning is a specialized approach, which assists an individual in clarifying and focusing goals, and in determining his or her future through personal choice and decision-making. Based on information gathered during the assessment, planning sessions may be arranged for any participant or person referred, who could benefit from the process, and who desires to transition into the community or be more independent.

Individual Service Agreement Plans: Each person accepted for community support and skill training will work with staff from the provider agency to develop an Individualized Service Plan Agreement (ISP). The ISP will include goals and objectives, specific steps and a timeline for implementation. The plan will be signed by the participant and the provider agency with the understanding that both have joint responsibility for ensuring that the plan is carried out to the fullest extent possible. The plan will be reviewed every 6 months or more often as needed, and a written revised ISP will be developed if needed.

VII. DESCRIPTION OF SERVICES (cont.)

The provider agency is responsible for establishing per capita spending limits based on actual and projected service utilization. Plans will be developed with these parameters. The program participant may remain enrolled in the program up to one year after the transition to community housing or housing which requires a greater degree of independence.

Training and Support: The type of training and support needed by each participant will be outlined in his/her ISP. Because the needs of individuals can vary widely, the program will offer a range of opportunities for development from initially requiring independent living skills to requiring more formal or informal training or adult education. The provider agency can provide these services directly and/or make use of resources available in the community.

Training can include classes, courses, seminars, mentoring or other sessions conducted at colleges, universities, government agencies, individualized trainers, or other institutions. Following is a list of subjects for which training could be provided as part of this program:

- 1. financial planning
- 2. budgeting
- 3. independent living skills such as grooming, transportation and training
- 4. health promotion
- 5. employment, self-employment or employment readiness
- 6. small business operation or entrepreneurship
- 7. understanding government systems
- 8. housing
- 9. self-advocacy
- 10. health insurance
- 11. Social Security/public benefits programs
- 12. community participation
- 13. other subjects outlined in the ISP which have been determined to be necessary
- 14. Training can also be experiential, including participation in activities, which will enable a consumer to develop skills to foster greater independence and self-sufficiency.

The support services needed by program participant will be detailed in his or her ISP. Again, the type and level of support will be based on individual need. Three types of supportive services will be available: coordination; transportation; and the assistance of a "community partner".

- Coordination: Provider agency staff will work collaboratively with participants in carrying out their ISP's, providing assistance and coordination, as needed. Staff may need to assist in making appointments, navigating government services, arranging for travel, making linkages with other community services, providing information and referral services, and providing other types of support, as needed.
- Transportation: The program will provide for transportation needed by the consumer to training events and activities designated in the ISP.
- Community partners: Community partners are persons who accompany consumers and enable them to participate in program activities. Community partners may be required to assist, on request of the consumer, with certain activities of daily living such as eating or toileting, for example. For this reason, community partners will be required to receive training on issues/techniques related to the provision of care for persons with physical disabilities. Each consumer's ISP will indicate whether or not a community partner is required for participating in designated activities.
- Rehabilitation or Transition Supports such as assistive technology, Home Modification, Rehabilitation or Psychological Counseling which are needed to reach the goal of transitioning into community housing.

VIII. PROHIBITED SERVICE COMPONENTS

Funds cannot be used to pay for:

- Activities or transportation to activities considered to be illegal by the State of Delaware
- Expenses or fees that the consumer would ordinarily or routinely participate in and pay for on an ongoing basis
- Personal items
- Services that would normally be paid for or could be paid for by other existing funding sources or third party payers
- Services or expenses not specified as part of or necessary to implement the ISP
- Classes or courses which have the primary goal of completing or obtaining a college degree or technical education diploma
- Services to out of state residents

VIII. PROHIBITED SERVICE COMPONENTS (cont.)

- Services to meet goals which are not achievable within 3 years of signing the ISP
- Moving expenses except as approved by DSAAPD
- The services of a community partner to assist a consumer in carrying out ongoing volunteer work
- Medical, nursing or therapeutic services

Consumer / Client Fund. The Consumer/Client fund was created as a resource to assist the person with a disability in eliminating barriers that prevent the move to independent living.

The fund is to be used only when all other resources have been exhausted. In addition, the individual/agency must:

- Direct fund dollars in ways that support program goals.
- Use funds in honest and legal means.
- NOT use funds to pay for case management and training through the provider.

The service provider must use the guidelines above to determine the proper use of the funds. All questions pertaining to the use of this fund must be directed to your DSAAPD Contract Manager. DSAAPD retains the right to make final determination of appropriateness. Quarterly reporting requirements for the fund are detailed in section XIII.

IX. SERVICE STANDARDS

Authorized expenditures will be for those items or services, which are not already provided or paid for by third party insurers, Medicaid, state agencies or other public programs.

The provider agency is responsible for maintaining records of service utilization and for submitting all required reports in a timely manner. Individual consumer files are to be considered confidential and maintained in a locked filing cabinet.

The provider agency must comply with all State and federal guidelines related to the delivery of this service.

Outreach for this program will be carried out by the provider agency.

IX. SERVICE STANDARDS (cont.)

The provider agency will cooperate with the Division of Services for Aging and Adults with Physical Disabilities by providing access to program information, client records, and other data, as needed, for purposes of program monitoring and evaluation.

If services are provided at a central site, the facility and grounds must be accessible to people with physical disabilities and meet minimal standards and requirements as outlined in the Architectural Accessibility Code in New Castle County and the Americans with Disabilities Act.

The ISP must be signed within 15 working days after the completion of the person centered plan process (or, for persons not utilizing the person centered planning process), within 15 days after the completion of the assessment). If a consumer no longer meets the criteria for enrollment in the program, then termination of the ISP will be discussed.

A written notice will be given to the consumer at least 30 days prior to termination from the program.

X. WAITING LISTS

When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided, or until the applicant no longer desires services. The waiting list must be managed in accordance with DSAAPD policy X-A-1, Client Service Waiting List.

The service provider's guidelines for prioritizing clients on the waiting list must be in writing and available for review. In addition to any client priorities listed in the service specifications, these guidelines may include, as appropriate:

- Danger or risk of losing support systems, especially living settings or supports necessary for self-maintenance
- Risk of institutionalization
- Significant risk of abuse or neglect
- Basic health, safety and welfare needs not being met through current supports
- Risk of functional loss without intervention or ongoing skill maintenance services
- Exhibition of behavior that presents a significant risk of harm to self or others
- Compatibility with available services.

In each case, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

XI. TYPE OF CONTRACT

Cost reimbursement

XII. METHOD OF PAYMENT

Monthly advance to the service provider to be applied to the incurring of and payment for allowable costs as stated in the approved line item/cost category budget.

XIII. REPORTING REQUIREMENTS

A Quarterly Program Report and a Quarterly Financial Report are required and must be received by DSAAPD no later than twenty-one (21) calendar days following the end of the quarter.

The Quarterly Program Report must include expenditures of the Consumer/Client fund. To detail the expenditure, the report must include the following information:

- 1. \$ Amount of expenditure.
- 2. Name of client.
- 3. Description of service rendered, or items purchased.
- 4. Reason for use.
- 5. Documentation of all alternative funding sources researched.

Each report must contain a live signature (preferably in blue ink) of the official who completed the report. The phone number and the date the report was completed are also required.

A final financial report is due to the Division within ninety (90) calendar days after the program end date. Additional information on these reports can be found in the DSAAPD Policies and Procedures Manual.

ADULT LIFE SKILLS DAY PROGRAM PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES

GRANTEE / AGENCY NAME:	
PROGRAM NAME:	

PLANNED SERVICE UNITS	1 ST Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	TOTAL
1. Unduplicated number of					
consumers served by the					
program					
2. Number of persons assessed for					
Intake					
3. Number of assessed persons					
admitted					
4. Number of Person Centered					
Planning sessions					
5. Number of ISP's completed					
6. Number of successful transitions					
completed					
7. Number of hours of					
transportation					
8. Number of hours of community					
partner services					
9. Number of hours of outreach					
activities					

NOTE: The above projections (goals) are compared with actual statistics on the Service Objectives Status Form, which is Page 2 of the Quarterly Program Performance Report.